

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 6/7/05      2 Serial/Patent # 10/519436

| 3 Please refund the following fee(s): |                                   | 4 PAPER<br>NUMBER | 5 DATE<br>FILED | 6 AMOUNT         |
|---------------------------------------|-----------------------------------|-------------------|-----------------|------------------|
| <input type="checkbox"/>              | Filing                            |                   |                 | \$               |
| <input type="checkbox"/>              | Amendment                         |                   |                 | \$               |
| <input type="checkbox"/>              | Extension of Time                 |                   |                 | \$               |
| <input type="checkbox"/>              | Notice of Appeal/Appeal           |                   |                 | \$               |
| <input type="checkbox"/>              | Petition                          |                   |                 | \$               |
| <input type="checkbox"/>              | Issue                             |                   |                 | \$               |
| <input type="checkbox"/>              | Cert of Correction/Terminal Disc. |                   |                 | \$               |
| <input type="checkbox"/>              | Maintenance                       |                   |                 | \$               |
| <input type="checkbox"/>              | Assignment                        |                   |                 | \$               |
| <input checked="" type="checkbox"/>   | Other                             |                   |                 | \$ <u>100.00</u> |

7 TOTAL AMOUNT  
OF REFUND      \$ 100.00

8 TO BE REFUNDED BY:

10 REASON:

Treasury Check

Credit Deposit A/C #:

9 10--0750

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Francine Young

TITLE: Paralegal

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

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THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*